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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

6

Application Number	10/563,656
Filing Date	June 22, 2006
First Named Inventor	J. Christopher Anderson
Group Art Unit	1656
Examiner Name	Kagnew H. Gebreyesus
Attorney Docket Number	54A-000510US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> PTO-1449 Form	<input checked="" type="checkbox"/> Change in Entity Status
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Cited References	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Copy of PCT Search Report	<input type="checkbox"/> Request for Corrected Filing receipt
<input checked="" type="checkbox"/> Response to Restriction	<input type="checkbox"/> Copy of EP Search Report	<input type="checkbox"/> Copy of Filing Receipt – marked up
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Receipt Acknowledgement Postcard	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.	
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jonathan Alan Quine, Reg. No. 41,261, Quine Intellectual Property Law Group, P.C.
Signature	
Date	October 10, 2007

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Deborah Berwick		
Signature		Date	October 10, 2007



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Alexandria, VA 22313-1450, on October 10, 2007

By Deborah Berwick
Deborah Berwick

Attorney Docket No. 54A-000510US
TSRI Ref. No. 1002.1 US / AMB0100P
Ambrx Ref. No. 0072.00US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

J. Christopher Anderson et al.

Application No.: 10/563,656

Filed: June 22, 2006

For: **COMPOSITIONS OF ORTHOGONAL
GLUTAMYL-TRNA AND AMINOACYL-
TRNA SYNTHETASE PAIRS AND USES
THEREOF**

Examiner: Kagnew H. Gebreyesus

Art Unit: 1656

CHANGE IN ENTITY STATUS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant claims Small entity status for this application. Accordingly, please charge small entity fees for this application.

Respectfully submitted,

Jonathan Alan Quine, J.D., Ph.D.
Reg. No. 41,261

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**EE TRANSMITTAL
For FY 2008** Applicant claims small entity status. See 37CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 60.00)

Complete if Known

Application Number	10/563,656
Filing Date	June 22, 2006
First Named Inventor	J. Christopher Anderson
Examiner Name	Kagnew H. Gebreyesus
Art Unit	1656
Attorney Docket No.	54A-000510US

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Other (please identify) Deposit Account
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 50-0893			

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description Small Entity
Fee (\$) Fee (\$)

Each claim over 20 (including Reissues) 50 25

Each independent claim over 3 (including Reissues) 210 105

Multiple dependent claims 370 185

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
_____ - 20 or HP =	_____ x _____ =	_____	_____	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 3 or HP =	_____ x _____ =	_____	_____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 =	_____ / 50 =	(round up to a whole number) x	_____ =	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Other: Petition for Extension of Time for 1 Month _____

60.00

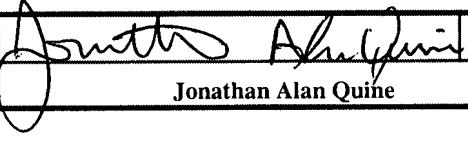
Other: _____

Other: _____

Other: _____

Other: _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	41,261	Telephone
Name (Print/Type)	Jonathan Alan Quine			Date October 10, 2007